



ASAM TRANSITION LISTENING SESSION June 2018

Why The Transition?

- Initial Responses –
 - IMD / 1115 Waiver
 - PA WITS
 - Addressing administrative burden and need for unified approach

Why The Transition?

- Transitioning to ASAM would strengthen Pennsylvania's treatment landscape by:
 - Utilizing an evidence-based placement tool
 - Focusing on responding to a patient's individual needs and is outcome driven
 - Assessing risk and imminent danger for both mental health and substance use disorders

Why The Transition?

- Transitioning to ASAM would strengthen Pennsylvania's treatment landscape by:
 - Promoting greater clinical judgment in assessing client need
 - Providing principles and guidance for working with managed care companies to resolve placement issues
 - Achieving congruence with the adolescent placement criteria that already uses ASAM

Why The Transition?

- What the transition to ASAM will do:
 - Facilitate client-centered, outcome driven treatment planning
 - Improve client engagement in services;
 - Reduce recidivism
 - Encourage more appropriate types of services and lengths of stay
 - Increase PA's already robust treatment system

Why The Transition?

- What transition to ASAM will NOT do:
 - Eliminate ANY level of care from the PA continuum
 - Restrict admission to levels of care (LOCs) for only those individuals who have a co-occurring disorder
 - Require a “fail-first” strategy of admission

Why The Transition?

**IT'S THE
RIGHT THING
TO DO!**

ASAM Transition Timing

- Transition official as of July 1, 2018
- Process still ongoing
- <http://www.ddap.pa.gov/Professionals/Documents/ASAM%20Transition%20Timeline%203-23-18.pdf>

ASAM Transition Timing

- July 1, 2018
 - Programs are expected to officially begin the transition from the use of the PCPC to the ASAM for LOC determination at admission
 - Training is well underway and many providers are fully prepared for the July 1 transition.
 - Training should occur on an ongoing basis beyond July 1

ASAM Transition Timing

- Initial training beyond July 1, 2018
 - Training of essential / key staff should continue
 - Supervisors should review LOC determinations for staff who have not yet been trained
 - All essential / key staff should be trained no later than December 31, 2018

How Does the ASAM “Fit” in PA?

- Application of ASAM in PA
 - Crosswalk
 - Guidance for Application of ASAM in PA

How Does the ASAM "Fit" in PA?

ASAM Crosswalk final.docx - Word

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ASAM CROSSWALK with PA'S SYSTEM OF CARE

May 2018

Header	ASAM LOC Name	ASAM Program Description Summary for Adults	ASAM GUA Services	PA Service Equivalent Adult	Primary Program	WPC
INTERMEDIATE INTERVENTIONS						
1 WIM p. 132	Ambulatory Withdrawal Management (AMW)	Outpatient WIM without extended on-site monitoring	p. 132	OBQs COP/ICP See Application Guidance Document	713	NA
2 WIM p. 134	Ambulatory WIM	Outpatient WIM with extended on-site monitoring	p. 132	OBQs COP/ICP See Application Guidance Document	713	NA
3.1 WIM p. 137	Clinically Managed Residential WIM	Clinically Managed "sober setting" Managed by clinicians, NOT medical staff	p. 132	NA (PA does not have any licensed peer-driven, social norms practices)	714	NA
3.2 WIM p. 138	Medically Monitored Intensive	"Free-standing WIM center"	p. 132	Non-hospital residential detoxification	709 711	3A
4 WIM p. 141	Medically Managed Intensive WIM	Acute care or psychiatric hospital unit; Availability of specialized medical consultation; full medical acute care; ICU as needed	p. 132	Hospital-based detoxification	710	4A
LEVELS OF CARE						
0.5 p. 179	Early intervention	An intervention program for individuals who do not meet diagnostic criteria for SUD.	0.5	Early intervention	714	3
1 p. 204	Outpatient Services	16 hours regularly scheduled sessions per week.	1	OP	708 711	3A
2.1 p. 206	OP services	8 to 18 hours of structured programming per week.	2.1	Intensive OP	709 711	3B
2.2 p. 208	ICP services	20+ hours of clinically intensive programming per week.	2.2	Partial hospitalization programs	709 711	3A
3.1 p. 222	Clinically Managed Low-Intensity Residential Services	Halfway house, group home or other supportive living environment w/ 24-hour staff & integration with clinical services	3.1	Halfway house	709	3B
3.2 p. 234	Clinically Managed, Appropriate Specific, High Intensity Residential Services	Therapeutic rehab or IOP programs; Combination of low-intensity SUD treatment of high-intensity rehab services to meet (generally cognitive) functional limitations to great to prohibit participation in OP or other LOC	---	See Application Guidance Document	---	---
3.5 p. 244	Clinically Managed, High-Intensity Residential Services	24-hour supportive treatment environment	3.5	Non-hospital Residential Treatment OR Quaternary prison or criminal justice-related See Application Guidance Document	708 711	3B 3C
3.7 p. 265	Medically Monitored Intensive Residential Services	Supportive treatment within acute hospital, psych center, or residential residential facility. Designed to meet functional limitations in DM 4.2.2 (w/16, asthma, seizures, etc.) i.e., admission based on comorbidity of medical or psych. Physician monitoring. Refusing care.	3.7	Acute/inpatient treatment provided in a healthcare facility (e.g. medical monitoring, psych hospitalization, etc.) with 24-hour standing psych hospital	709 710 711	3B 3C

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How Does the ASAM “Fit” in PA?

- Crosswalk of ASAM to PA Treatment System
- <http://www.ddap.pa.gov/Professionals/Documents/ASAM%20Crosswalk%20final.pdf>

How Does the ASAM “Fit” in PA?

- Guidance for Application of ASAM in PA
- <http://www.ddap.pa.gov/Professionals/Documents/ASAM%20Application%20Guidance%20Final.pdf>

▶ How Does the ASAM “Fit” in PA?

- Walk-through of the Guidance:
- PA has embraced the changes that ASAM has made in describing the 6 dimensions:
 - “**Withdrawal Management**” vs “detox” (DIM1)
 - “Emotional, Behavioral, or **Cognitive Complications**” vs. “Emotional/Behavioral”
 - “**Readiness to Change**” vs “Treatment Acceptance/Resistance”

▶ How Does the ASAM “Fit” in PA?

- Walk-through of the Guidance:
 - “Recovery/Living Environment” vs “Recovery Environment”
- Other Differences:
 - Medication-assisted treatment (MAT) through the continuum of care
 - Provision of assessment and treatment for co-occurring disorders (COD) as an emphasis

▶ How Does the ASAM “Fit” in PA?

- Walk-through of the Guidance:
- DIM 3: Emotional, Behavioral, or Cognitive Conditions and Complications
 - Emphasis on integrated services
 - Co-Occurring Capable
 - Co-Occurring Enhanced
- Where emotional/behavioral issues are secondary to SUD, it is appropriate to address within SUD treatment

▶ How Does the ASAM “Fit” in PA?

- Walk-through of the Guidance:
- DIM 3, cont'd:
 - Assess and provide integrated services IF/WHERE possible
 - Assess and refer to appropriate MH services where integrated care is not available

▶ How Does the ASAM “Fit” in PA?

- Walk-through of the Guidance:
- Withdrawal Management
 - Move from use of “detoxing” someone to assisting someone through “withdrawal management” (WM)
- Assessors and clinicians should utilize the criteria as delineated in the ASAM text for guidance in WM

▶ How Does the ASAM “Fit” in PA?

Process Considerations for WM:

- Improving access to ambulatory detox
- Payment methods for concomitant services on the same day

▶ How Does the ASAM “Fit” in Pa?

Outpatient Services:

- Consistent with historical provision of these services
 - PHP
 - IOP
 - OP
- Moving forward in the process, will need to determine programmatic changes that may occur to hours of service/staffing

▶ How Does the ASAM “Fit” in PA?

Halfway House 3.1 (pp. 10 -13)

- HWH is NOT recovery house plus OP
- HWH is a **licensed treatment service** where clinical interventions are delivered onsite
- HWH is NOT restricted to only those with COD.

▶ How Does the ASAM “Fit” in PA?

Halfway House 3.1 (pp. 10 -13)

- HWH has been included in the 1115 waiver and will remain a vital part of PA’s continuum of care

▶ How Does the ASAM “Fit” in PA?

3.3 “Clinically Managed, Population-Specific, High Intensity Residential Services”, p 14

- As defined by ASAM, this is a population specific residential service
- While this level of care may exist, particularly for co-occurring, such programs (TBI + SUD) are currently likely not available

How Does the ASAM “Fit” in PA?

Clinically Managed High-Intensity Residential Services (Adult) 3.5 (pp. 15 – 19)

- This encompasses what has historically been defined as ST / LT Residential (3B/3C)
- Will now be known as “high-intensity” and “highest-intensity” respectively.
- “The Guidance for Application of ASAM in PA...” should be used to differentiate between these two services

How Does the ASAM “Fit” in PA?

Clinically Managed High-Intensity Residential Services (Adult) 3.5 (pp. 15 – 19)

- The guidance was developed by first outlining the differences in 3B and 3C in the PCPC, then comparing to the ASAM Criteria
- In determining length of stay in any level of service, ongoing assessment should occur to determine progress or no longer meeting the 6 dimensional criteria for these LOCs

How Does the ASAM “Fit” in PA?

Other Assessment Considerations / Special Populations (pp. 23 – 25)

- PA Code Chapter 28 / licensing regulations continue to remain in effect
- DDAP’s and DHS’ contractual requirements are not pre-empted in any way by ASAM

How Does the ASAM “Fit” in PA?

Other Assessment Considerations / Special Populations (pp. 23 – 25)

- Assessment Upon Re-Entry
 - History and Current Use
 - Appropriate clinical 6 dimensional assessment
- Co-Occurring SUD and Mental Health Issues
 - Proper assessment must continue to occur
 - Proper referrals must continue to be made

▶ How Does the ASAM “Fit” in PA?

- Medication-Assisted Treatment
 - There is a prohibition of most federal/state (public) funds for treatment providers who refuse to admit individuals based upon use of medications
 - PA must expand its capacity to provide all FDA approved MATs to individuals in need of medications determined most appropriate in meeting a person’s need

▶ How Does the ASAM “Fit” in PA?

- Medication-Assisted Treatment
 - MAT should be combined with cognitive therapies for optimal treatment experience
 - While not necessarily prescribed at every level of care, MAT should be available to individuals in any level of care.

Considerations from the Field

While DDAP, through the work of the ASAM Transition Workgroup, et al understands there needed to be a starting place for applying The ASAM Criteria, the potential need for modifications are understood.

DDAP will continue to accept feedback and edit the Guidance Documents at designated intervals, as warranted. Input can be emailed to [RA-
DAASAM@pa.gov](mailto:RA-DAASAM@pa.gov)

Questions & Answers

Those Q & A's not able to be addressed during the allotted time frame will be answered via an FAQ that will be posted to DDAP's website after the final listening session.